5	ROUTING	S AND	RECOF	RD SHEET	
UBJECT: (Optional)					
ROM:				NO.	
CHIEF OF OPERATI	ONS, DD/F			DATE	
O: (Officer designation, room number	ber, and DATE		OFFICER'S	COMMENTS (Number each comment to show from	m who
	REC'D	FWD'D	INITIALS	to whom. Draw a line across column after each com	omment
General Counsel	221 Ea	st			
2.					
3.				-	
4.					
5.				_	
6.					
7.				-	
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
13.					